Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers p	OWITH A	CALIFORNIA 46	
SEE INSTRUCTIONS ON REVERSE				through	8		
NAME OF FILER					I D NUM	BER	
Supervisor Don Knabe Officeholder Account					970512		
CODES: If one of the following codes accurately describes	the payment, you	may enter t	he code Otherw	ise, describe the paymer			
CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings a office experience petition circle. PHO phone ban polling and postage, deprofession. PRT print ads.	nd appearance nses culating ks survey researe elivery and me	es ch ssenger services	TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	butions ters' salaries time and production co el, lodging, and meals avel, lodging, and meal en committees of the sa	s ame candidate/spon	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)		CODE	DR D	ESCRIPTION OF PAYMENT		AMOUNT PAID	
VISA	ID:		Staff Thank You	Gifts		875 00	
VISA	ID [.]	MTG				674 1	
REED & DAVIDSON, LLP	ID	PRO	ı			1302.08	
* Payments that are contributions or independent expenditures must a	so be summarized o	on Schedule D	<u> </u>		SUBTOTAL \$		

4. Total payments made this period. (Add lines 1, 2, and 3 Enter here and on the Summary Page, Column A, Line 6.). TOTAL \$ _

1 Payments made this period of \$100 or more (Include all Schedule E subtotals.)

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e))

2 Unitemized payments made this period of under \$100.

16764 39

16819.39

55 00

	_			SCHEDULE			
Schedule E Payments Made	Amou	pe or print in ink. Ints may be rounded o whole dollars.	Statement covers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE			through	9/14			
NAME OF FILER				ID NUMBER			
Supervisor Don Knabe Officeholder Account				970512			
CODES: If one of the following codes accurately describes	the payment, you	may enter the code.	Otherwise, describe the payment				
CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT pent ads			res production costs , and meals ng, and meals ttees of the same candidate/sponso			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID			
REED & DAVIDSON, LLP	ID.	cvc		1480 14			
WHITTIER REPUBLICAN WOMEN FEDERATED	ID.	CVC		160 00			
LONG BEACH AREA REPUBLICAN PARTY	ID:	СТВ		1000 00			
* Payments that are contributions or independent expenditures must a	also be summarized (on Schedule D.	SU	BTOTAL \$			
Schedule E Summary							
1. Payments made this period of \$100 or more (Include all	Schedule E subto	otals)		\$			
2. Unitemized payments made this period of under \$100							
• •							
3. Total interest paid this period on loans (Enter amount from	om Schedule B, P	aπ 1, Column (e).)		Ф			

					SCHEDULE			
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Sta	tement covers period	ÇALIFORI FORM	NA ARE	
Tayments made				from _		— <u> </u>	(कर्ण व कर्ण	
SEE INSTRUCTIONS ON REVERSE				throug	h	10 / 1	4	
NAME OF FILER	. , , , , , , , , , , , , , , , , , , ,			<u></u>		ID NUMBER		
Supervisor Don Knabe Officeholder Account						970512		
CODES: If one of the following codes accurately describes	the payment, you	may enter t	the code. Othe	erwise, describ	e the payment.			
CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings at office experience petition circle. PHO phone ban POL polling and postage, deprofession. PRT print ads	and appearance enses culating iks I survey resear elivery and me	es ch ssenger services	RFD SAL TEL TRC TRS TSF VOT	campaign workers' sa t v or cable airtime ai candidate travel, lodg staff/spouse travel, lo transfer between com	s alaries nd production costs jing, and meals idging, and meals imittees of the same	·	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)		CODE	OR	DESCRIPTION O	F PAYMENT		AMOUNT PAID	
ALICE BORDEN COMPANY	ID.	CNS					875.00	
ALICE BORDEN COMPANY	ID:	cvc					687 50	
Frantone's Pizza & Spaghettı Villa	ID:	MTG	Staff Retreat				1653.00	
Payments that are contributions or independent expenditures must a	also be summarized o	on Schedule D).		:	SUBTOTAL \$		
Schedule E Summary		·····						
Payments made this period of \$100 or more. (Include all	Schedule E subto	ntals)				\$		
,		·				_		
2 Unitemized payments made this period of under \$100.						\$		

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement cov	F	SCHEDULI IFORNIA 46(
SEE INSTRUCTIONS ON REVERSE				through		11 / 14
NAME OF FILER					ID N	UMBER
Supervisor Don Knabe Officeholder Account					9705	512
CODES: If one of the following codes accurately describes	the payment, you	may enter t	he code Otherwis	e, describe the pay	ment	
CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office exper PET petition circle PHO phone bank POL pólling and POS postage, de PRO professiona PRT print ads	nd appearance nses ulating s survey researd livery and mes	ch ssenger services	RFD returned of SAL campaign TEL t v or cat TRC candidate TRS staff/spou TSF transfer b VOT voter regions	me and production costs contributions is workers' salaries ele airtime and production travel, lodging, and mease travel, lodging, and metween committees of the stration on technology costs (inter-	e i costs ils eals e same candidate/spon
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	•	AMOUNT PAID
GAIL LEGROS	ID		Reimbursement for	Staff BBQ Items		399.9
U.S Postmaster	ID	POS				1110 0
The Social Graces	ID		Thank You Gifts			1262 0
* Payments that are contributions or independent expenditures must a	lso be summarized o	n Schedule D			SUBTOTAL	-\$
Schedule E Summary 1 Payments made this period of \$100 or more (Include all	Schedule E subto	tale \			\$	

2. Unitemized payments made this period of under \$100

\$ ______

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement co		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through		12 / 14	
NAME OF FILER					I D NU	MBER	
Supervisor Don Knabe Officeholder Account					97051	2	
CODES: If one of the following codes accurately describes t	he payment, yo	ou may enter t	he code Othe	rwise, describe the pa	ayment		
CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meeting: OFC office ex PET petition of PHO phone bit POL polling a POS postage,	circulating anks nd survey researd delivery and mesonal services (leg	ch ssenger services	RFD returned SAL campaig TEL t v or ci TRC candida TRS staff/spc TSF transfer VOT voter re	rtime and production costs of contributions on workers' salaries able airlime and production of te travel, lodging, and meals buse travel, lodging, and mebetween committees of the gistration technology costs (internation)	als same candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	•	CODE	OR .	DESCRIPTION OF PAYME	NT	AMOUNT PAID	
Nordbak's Promotional Materials	ID [.]	OFC				4465 52	
CALIFORNIA FLORAL CO.	ID·		Flowers for TY	donation		99 07	
CALIFORNIA FLORAL CO.	ID:	OFC				208.77	
Payments that are contributions or independent expenditures must all	so be summarize	d on Schedule D			SUBTOTAL	<u> </u>	
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all	Schedule E sub	ototals)	·				
Uniternized payments made this period of under \$100					\$ _		
Total interest paid this period on loans. (Enter amount fro					\$		

Schedule E Payments Made	Amo	ype or print in ink. unts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through	13 / 14	
NAME OF FILER				ID NUMBER	
Supervisor Don Knabe Officeholder Account				970512	
CODES: If one of the following codes accurately describes	the payment, you	u may enter the code. Othe	rwise, describe the payment		
CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		TRC candidate travel, lodging TRS staff/spouse travel, lodging	contributions n workers' salaries ble airtime and production costs e travel, lodging, and meals use travel, lodging, and meals between committees of the same candidate/sponse	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
CALIFORNIA FLORAL CO.	ID.	OFC		188 15	
DALMATION CLUB	ID	cvc		216 00	
DALMATION CLUB	ID.	CVC		108 00	
Payments that are contributions or independent expenditures must a	lso be summarized	on Schedule D.	su	BTOTAL \$ 16764 39	
Schedule E Summary			<u> </u>		
1. Payments made this period of \$100 or more. (Include all	Schedule E subt	totals.)		\$	
2. Unitemized payments made this period of under \$100				\$	
3 Total interest paid this period on loans (Enter amount fro	m Schedule B, F	Part 1, Column (e).)		\$	